 <p><b>CD-173000</b></p>	<p><b>NEW MEXICO CORRECTIONS DEPARTMENT</b></p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p>Courage Responsibility Ethics Dedication - <b>CRED</b>ibly serving the public safety of New Mexico</p>	
	<p><b>ISSUE DATE:</b> 04/29/09</p> <p><b>EFFECTIVE DATE:</b> 04/29/09</p>	<p><b>REVIEW/REVISED:</b> 02/16/15</p>
	<p><b>TITLE: Pandemic Influenza Preparedness and Response Plan</b></p>	

**AUTHORITY:**

Policy *CD-010100*

**REFERENCE:**

- A. Avian Influenza, including Influenza A (H5N1), in Humans: WHO Interim Infection Control Guideline for Health Care Facilities. World Health Organization, February 2006.
- B. Health and Human Services Pandemic Influenza Response Plan. U.S. Department for Health and Human Services, November 2005.
- C. Pandemic Influenza Preparedness and Response Plan, The New Mexico Department of Health, Emergency Operations plan, 2006.
- D. Flu Aid, version 2.0. Center for Disease Control National Vaccine Program Office website, <http://www2a.cdc.gov/od/fluid/default.htm>
- E. CD-071900 Emergency Preparedness System.
- F. [http://nmhealth.org/FLU/docs/NM\\_PAN\\_FLU\\_OPS\\_Plan.072008.pdf](http://nmhealth.org/FLU/docs/NM_PAN_FLU_OPS_Plan.072008.pdf)

**PURPOSE:**

To establish procedures to assure the continuation of essential, routine medical services and meet the urgent clinical needs of those affected with influenza.

**APPLICABILITY:**

All employees of the NMCD, contracted employees and facilities housing NMCD inmates.

**FORMS:**

None

**ATTACHMENTS:**

None

**DEFINITIONS:**

- A. Contagious or Infectious: The state of carrying or spreading a contagious or infectious disease.
- B. Epidemic: When new cases of a certain disease, in a given human population, and during a given period, substantially exceed what is “expected” based on recent experience.
- C. Novel virus alert: The notification that a new virus has been detected in one or more humans. This is a virus to which humans will have little or no immunity and is the potential precursor to a pandemic.
- D. Pandemic: A global outbreak of an infectious disease for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily from person to person.
- E. Influenza (FLU): An acute viral disease of the respiratory tract characterized by fever, headache, myalgia (muscle pain), prostration (physical and mental exhaustion), coryza (acute inflammatory contagious disease involving the respiratory tract), sore throat and cough.
- F. Isolation: The separation from others and restriction of movement or activities of ill infected persons who have a contagious disease, for the purpose of preventing transmission to others.
- G. Quarantine: The separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease. Individuals may be quarantined at home or in designated facilities; healthcare providers and other workers may be subject to quarantine when they are off duty.
- H. Morbidity: A state of being diseased; or the relative incidence of disease.
- I. Mortality: The state of being deceased; or the relative incidence of death.
- J. Personal Protective Equipment (PPE): Equipment used by any person to prevent the acquisition or transmission of disease between persons. Examples of personal protective items include, but are not limited to gloves, masks, gowns, etc.

- K. Second wave: The recrudescence of epidemic activity within several days, weeks, or months following the initial wave of infection.
- L. Pandemic over: A term used to describe the cessation of successive pandemic waves, accompanied by the return of the more typical winter time epidemic cycle.

**POLICY:**


- A. The HSB and the medical vendor shall be responsible for providing information, materials and oversight to designated institutional medical staff for the purposes of educating and training the institutional staff and inmate populations.
- B. Information shall be provided prior to the emergence of an influenza pandemic affecting the NMCD.
- C. Recommendations shall be provided prior to the declaration of a pandemic and based on the nature of the causative pandemic source.



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Gregg Marcantel, Secretary of Corrections  
New Mexico Corrections Department

02/16/15  
Date

	<b>NEW MEXICO CORRECTIONS DEPARTMENT</b>	
	<small>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</small> <b>Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</b>	
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<b>CD-173001</b>		
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**AUTHORITY:**

*Policy CD-173000*

**PROCEDURES:**

**A. Medical**

1. Upon identification of an epidemic or a pandemic flu case inside an NMCD facility, the HSB and medical provider shall continue to update and provide educational material and information to the designated institutional staff. The HSB shall coordinate training efforts with the New Mexico Department of Health (DOH), the CDC and other agencies as necessary.

**B. Institutional Medical Response:**

1. Each institution shall have a medical response plan to an epidemic or a pandemic influenza outbreak. This plan shall include the ability to locate, identify and isolate suspected influenza cases; provide universal and medical isolation precautions; provide personal protective equipment (masks, gloves, etc.), soiled linen and laundry services, solid waste disposal, environmental cleaning and disinfection, and personal hygiene products and training for staff working in areas of isolation.
2. Each institution shall have an identified infectious disease coordinator who shall be responsible for providing regular information updates on the number of infected individuals and their status to the Institutional Critical Incident Command Post Commander or designee. The coordinator shall also report any deaths believed to be related to pandemic influenza to the HSB within two hours.
3. Each institution shall be prepared to provide medical treatment of routine health issues as well as epidemic or pandemic-related health issues in an area designated as a quarantined medical site.

4. Services shall be provided in addition to routine medical services that are delivered in accordance with usual institutional protocols in non-quarantined areas of the institution. Examples of such services will include sick call, medical treatments, nursing assessments, pharmacy services, mental health services, emergency response, etc.
5. Each institution shall be prepared to distribute personal protective equipment (PPE) and hygiene products to all staff and inmates in their institution.
6. In the event that an epidemic or a pandemic is declared, inmates placed in medical isolation, or suspected of being infected shall use PPE to prevent the spread of disease.
7. All staff working in and around isolation areas, medical clinics and conducting sick-call, without exception, shall use PPE, in accordance with recommendations set forth by the CDC, U.S. Department of Health and Human Services (HHS) and the DOH.
8. Once initiated, the use of PPE will continue until further notification is received by the NMCD HSB.
9. If staff shortages occur, it may be necessary to institute contingency plans. On-site staff infections are likely.
10. Referral to outside medical resources will be necessary. However, if outside medical resources are not available, diagnosis by staff and treatment shall occur on-site.
11. If deemed necessary by the NMCD HSB, staff shall be assigned to the main entrance of each institutional facility to conduct screenings for signs and/or symptoms of influenza on every person entering the institution. If positive signs and/or symptoms of influenza are observed, then entry shall be denied. The incident commander, or designee, shall be promptly notified of any entry denials.
12. The medical staff response will be separated into three components: (a) surveillance, (b) isolation and treatment, and (c) resolution.
  - a. Surveillance
    - 1) Once a novel virus has been identified all staff will be notified.

- 2) Although there will be one to several months between identification and widespread outbreak, medical staff should increase their index of suspicion for potential cases of influenza.
- 3) After a widespread outbreak has occurred in the U.S., medical staff should be actively attempting to identify potential influenza symptoms during any and all inmate contacts.
- 4) Medical staff shall be observant of signs and symptoms of influenza in their colleagues and fellow correctional staff.

b. Isolation and Treatment

- 1) Preparation of the isolation room/area:
  - a. Ensure infection control precautions are followed and appropriate signage is on the door.
  - b. Place a recording sheet at the entrance of the isolation room/area. All Health Care Workers entering the isolation room/area should print their names on the recording sheet so that follow up/contact tracing is possible, if necessary.
  - c. Remove all nonessential furniture. The remaining furniture should be easy to clean and disinfect and should not conceal or retain dirt or moisture.
  - d. Stock linen as needed outside the isolation room.
  - e. Stock the sink area with suitable supplies for hand washing, near point of care and room door.
  - f. Place appropriate waste bags in a foot-operated bin.
  - g. Keep the inmate's personal belongings to a minimum. Keep water pitcher and cup, tissue wipes, and all items necessary for attending to personal hygiene within the inmate's reach.

- h. Non-critical patient care equipment (e.g., stethoscope, thermometer, blood pressure cuff, and sphygmomanometer) should be dedicated to the inmate. Any inmate care equipment that is required for use by other inmate should be thoroughly cleaned and disinfected prior to use.
- i. Set up a trolley outside the door to hold Personal Protective Equipment. A checklist shall be useful to ensure that all equipment is available.
- j. Place an appropriate container with a lid outside the door for equipment that requires disinfection and sterilization.
- k. Keep adequate equipment required for cleaning and disinfection inside the inmate's room and ensure documentation of daily cleaning of the isolation room/area.

2) Inmate placement for suspected influenza:

- a. Place inmate in a negative pressure room (airborne infection isolation room) or area, if available.
- b. If a negative pressure room is not available or cannot be created with mechanical manipulation of the air, place inmate in a single room.
- c. If a single room is not available, suspected and confirmed infected patients may be cohorted separately in designated multi-bed rooms or wards.
- d. Doors to any room or area housing, where suspected or confirmed infected inmates are located must be kept closed, when not being used for entry or egress.
- e. When possible, isolation rooms should have a hand-washing sink, toilet, and bath facilities.
- f. The number of persons entering the isolation room should be limited to the minimum number necessary for providing care and support to infected inmates.

3) Duration of Infection Control Precautions:

- a. The above referenced infection control placement of infected inmates and those suspected of being infected shall remain in effect until the inmate is no longer infectious.

- b. Precautions should be implemented at the time of suspected infection and continued for seven (7) days beyond the resolution of fever.
  - c. After an inmate is deemed non-infectious by the medical provider, they may be released from isolation.
- c. Resolution:
  - 1) Resolution of a wave of epidemic or pandemic influenza shall be considered the phase of returning to routine medical operations.
  - 2) Staff will be promptly notified upon the end of epidemic or pandemic activity.
  - 3) Precautions shall still be maintained while caring for any inmates who remain potentially infectious.
  - 4) Respiratory precautions may cease after all inmates who had been infected have been determined to be non-contagious and eligible to return to general population.
  - 5) Medical staff should remain highly suspicious of individuals presenting with symptoms consistent with influenza.
  - 6) The end of the resolution phase shall be considered the beginning of the next surveillance phase. This cycle will continue until the federal HHS determines that all epidemic or pandemic risk has ceased.

### C. Pharmaceuticals

- 1. Vaccines (if available) and/or antiviral drugs will be made available to **all institutional staff.**
- 2. Vaccines (if available) and/or antiviral drugs will be made available to inmates based on availability and in accordance with CDC and HHS recommended priority populations.
- 3. Determination of vaccine availability is subject to change based on the particular strain and virulence of the causative epidemic or pandemic virus.
- 4. Priority for distribution of vaccine shall be as follows for inmate populations:



a. Vaccines (if available):

- i. Inmates  $\geq 65$  years with 1 or more influenza high-risk conditions, not including essential hypertension,
- ii. Inmates  $\leq 64$  years with 2 or more influenza high-risk conditions, not including essential hypertension,
- iii. Inmates with a history of hospitalization for pneumonia or influenza or other influenza high risk conditions in the past,
- iv. Pregnant inmates.
- v. Dormitory contacts of severely immunocompromised persons who would not be vaccinated due to likely poor response to vaccine because of treatment of organ transplant, AIDS, and/or cancer,
- vi. Healthy inmates  $\geq 65$  years,
- vii. Inmates  $\leq 64$  years with 1 high risk condition,
- viii. Healthy inmates.

b. Antiviral:

- i. Inmates admitted to the hospital
- ii. Highest risk outpatients (immunocompromised and pregnant persons)
- iii. Persons  $\geq 65$  years, and persons with underlying medical conditions
- iv. Other inmates with chronic disease conditions

**D. Security**

1. Upon confirmation of an epidemic or a pandemic, security shall follow policy and procedures as outlined in *CD-071900* Emergency Preparedness System.

**E. Mortuary Services**

1. In the event that an epidemic or a pandemic results in death (s) that exceed community resources available to provide the necessary mortuary services, the institution shall provide a temporary morgue.

2. The temporary morgue shall be established by the Incident Commander and the facility medical director. In determining the morgue site, consideration must be given to the sensitive nature of this operation. Both medical aspects associated with storing a body, as well as the psychological impact on staff and inmates shall be considered.
3. The Office of the Medical Investigator (OMI) shall be notified immediately when a death occurs. All bodies shall be tagged and placed in body bags. The morgue shall remain in operation until attendant legal obligations are satisfied.

**F. Portable Sanitation Facilities**

1. Arrangements for portable toilets may be needed.

**G. Classification**

1. In the event of an epidemic or pandemic, maximum custody inmates may be housed in areas other than segregation.
2. Deputy Wardens assisting with operations shall contact Unit Administrators with designated areas to be used as medical isolation units.
  - All maximum custody inmates (levels V and VI) must remain behind a fence.
  - Maximum custody inmates (levels V and VI) can be housed in other institutions' segregation units.
  - With the permission of the Warden, maximum custody FEMALE inmates (level V and VI) may be housed in general population.
  - The custody level may be overridden down to a level four if behavior warrants.
  - With permission from the Secretary, death row inmates may be housed at other institutions' segregation units.
  - There will be segregation cells designated specifically for medical cases within each segregation unit.



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